



ELEMENT 3

PROGRAM PLANNING AND DEVELOPMENT

© SECTION 1. IDENTIFYING PROGRAMS TO FILL THE NEED

Now that you have established: 1) the types of HIV services that are required by the AAPI communities you serve, and 2) the capacity your agency has to provide those services, you can start devising a program that effectively and efficiently fills those needs. It will be useful to decide on the types of services your agency is able to offer before planning the program. Most community HIV programs focus on one of four service categories.

Types of HIV/AIDS services:

- HIV Awareness, Prevention, and Risk Reduction
 - communication-based activities such as media campaigns, interpersonal or organizational outreach, trainings, special events, hotlines, peer leadership
 - incentive-based activities such as needle exchange, condom distribution
- HIV Testing and Counseling
 - confidential or anonymous testing, risk assessment, referrals, and disclosure
 - specimen collection via blood draw or swab of oral secretions
 - on-site or off-site
- HIV/AIDS Care and Support
 - for HIV+ individuals, health and social service assistance such as case management, interpreters, treatment support, early intervention, mental health, partner notification, support groups, nutrition counseling, substance use management
- HIV/AIDS Policy and Advocacy
 - policy analysis, white papers, lobbying, meet & greet with decision-makers, proposition development, petitioning, community organizing

Selecting Strategically. Your organization may find there are several HIV needs it would like to address, and an equally diverse number of program options to fill each need. Since your health center may have limited time and resources, the program you choose should be designed carefully. Compare your different program alternatives and consider the different priority needs each program fulfills, how well they might work, and how easily they can be implemented.

The matrix below lists suggested criteria to help you determine which program option would be most feasible and suitable for implementation. List your candidate programs across the top. Then rate each program on a scale of 1 – 5 according to how well it satisfies each criteria. A score of 1 would be least satisfactory and 5 would be most satisfactory. After you have rated each program, add up the points to obtain each program’s “score”. The option with the most points may represent your agency’s most viable program option.

CRITERIA	PROGRAM OPTION A	PROGRAM OPTION B	PROGRAM OPTION C
Importance/Urgency of Community HIV Need 5 = most			
Effectiveness 5 = most			
Resources Needed 5 = least			
Funding Availability 5 = most			
Time Needed 5 = least			
Ease of Implementation/ Technical Feasibility 5 = most			
Political Feasibility 5 = most			
TOTAL			

(Note that some factors may be more important than others to your agency, in which case you may adjust the rating scale [or “weight” of each factor] accordingly. For example, if your organization has limited funding but has developed good relationships with policy decision-makers, you might revise the scale of “Resources Needed” to 6 -10 and maintain the scale for “Political Feasibility” at 1 – 5.)

© SECTION 2: ESSENTIAL COMPONENTS OF A PROGRAM PLAN

Purposes of a program plan:

- 1) Makes explicit and deliberate the direction an agency is taking to execute its tasks and activities,
- 2) Serves as the set of benchmarks through which your agency will evaluate how well it achieved its goals
- 3) Documents for funders, and other institutions to which you are accountable, the timeframe for your activities, deliverables and outcomes.

Below is a cheat sheet that describes the basic components of a program plan. The remainder of this section, Element 3, will elaborate on the first four components of a plan: Goals, Objectives, Resources, and Strategies & Activities. Elements 4 and 5 will explain the last two components, Evaluation and Implementation, respectively.

BASIC COMPONENTS OF A PROGRAM PLAN	
Statement of Need or Problem Statement	Describes the problem the program will address.
Statement of Goals	Broad statements defining the outcomes the program is expected to accomplish. The statements are developed directly from the problem statement, and should be consistent with the program's vision and mission statements.
Statement of Objectives	Statements outlining the general tasks required to achieve a goal, including timeframe, direction, and magnitude and measurement of change.
Strategies and Activities	Specific approaches or actions that describe how each task will be executed. Essentially the methodology used to achieve each objective.
Resources and Constraints	Financial, capital, human, political, social, and community factors that enable or limit your agency's capacity to implement the strategies.
Evaluation plan	Process that identifies the methods the program will use to determine how well the program achieved its goals and objectives.

Implementation Plan	Process that initiates and executes the program strategies and activities. May be adjusted as self-evaluation highlights successes and informs the program of areas for improvement.
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© SECTION 3: CREATE GOALS AND OBJECTIVES

Setting Realistic Goals. Your agency has decided to create an HIV program that benefits Asian Americans and Pacific Islanders, and it has a good idea of what it wants to accomplish and how it will accomplish it. Now is the time to flesh out these ideas. To set goals is to establish decisively what impact the program will have in the community. What impact or change would your agency, its stakeholders and the community planning group (CPG) like to see? What is reasonable to strive for? Just as the vision and mission of an organization statement defines the ultimate aim of its existence and the parameters of its work, goals are what any program ultimately hopes to achieve. Setting only a handful of goals is beneficial, so the program and staff remain focused.

Example of a Goal: To increase access to rapid HIV testing and counseling for transgenders in the city of Chicago.

Developing Concrete Objectives. Once goals are set, more specific objectives can be developed. Each goal should have one or two corresponding objectives. An objective describes how an action will impact a specific target population and also quantifies its impact. When defining your objectives use proactive verbs in clear concise statements. Like a resume, short definitive statements are most illustrative of action. The action should be quantified by answering “by how much?” and “when?” To what extent will the change occur? How will it be measured and over what time period? State the percentage of improvement that your agency and its funders can reasonably expect based on existing need and how well your agency believes it can fill that need. You can think of your set of objectives as a resume, but of future accomplishments instead of past.

Expectations for the Outcomes. Setting goals and objectives is critical because it sets up expectations for the outcomes. Evaluation of the expected outcomes will be based on proposed objectives. They are the indicators or standards through which the program’s success is measured. Keeping the objectives clear, simple, and feasible will make the task of monitoring and evaluation much more manageable later on.

THE POPULAR ACRONYM SMART IS OFTEN USEFUL WHEN DEVELOPING MEANINGFUL OBJECTIVES:	
Specific	Illustrate in detail the direction of anticipated change.

Measurable	Quantify or qualify the magnitude of anticipated change.
Appropriate	Align with the organization’s policies, goals, and strategies as well as the community’s needs.
Realistic	Determine the feasibility given limited resources.
Timely	Plan so that resources can be allocated and activities can be accomplished in an acceptable timeframe.

You may wish to differentiate your objectives by process objectives and outcome objectives. Process objectives specify the “means to the end” outcomes, i.e. the deliverables that are not in and of themselves the desired end.

Example: To provide rapid testing at needle exchange sites once a week for 12 weeks in 2003.

Outcome objectives detail the end result or impact you wish to see.

Example: To rapid test at least 30 transgender individuals for HIV in 2003.

© SECTION 4: DEVELOPING ACTIVITIES AND RATIONALES

At this point, your agency should have an objective to meet each community need your agency plans to address. Along with each objective you will also have one or several corresponding activities to plan. Although you’ve generally described your activities as actions under your objectives, you will now be listing them in greater detail. When you are developing your activities you are determining what tasks will be completed, who will complete them, and when they’ll be completed. It is also helpful to document the rationale, or reasoning behind each objective you’ve developed and activity you will implement.

Going for the job. If you imagine your set of objectives as your resume of future accomplishments, then your set of activities is the description of the job duties that explains each duty in more detail. The activities describe how the proposed actions in the objectives will be carried out. Continuing the analogy, if your set of objectives is the future resume, then your rationales would respond to the interview questions, “How does that activity fill a need?” or “How do you know those proposed actions will work?” A saving grace is that you are not required to cite your agency’s “personal” successes with its proposed actions. You can cite evidence-based best practices of similar programs, the results of research studies, or propose a pilot program that will be carefully documented and evaluated to test a convincing theory. If you can say and cite supporting evidence that your agency has successfully implemented a proposed activity, this will strengthen

your proposal. Hint – this is where past evaluations (quantification and documentation) of successes can pay off. Rationales should address how obstacles and opportunities will be dealt with successfully.

If your objective states “To increase providers’ knowledge of current HIV treatment management methods by 50%,” then your rationale and activities might resemble the following. [The need to obtain baseline information on providers’ knowledge in order to measure the 50% knowledge increase needs to be mentioned here.]

Examples of Activities:

- 1) *We will hold 2 in-house training sessions for our providers through collaborations with a local AIDS service organization by December 2003.*
- 2) *Our providers will attend two site visits with a local Ryan White grantee to observe their treatment management team meeting by December 2003.*

Example of Rationale for the above activities: Clinical providers learn best from other clinical providers and other peer leaders such as researchers.

© SECTION 5: IDENTIFY RESOURCES AND CONSTRAINTS

Working within Limits. Resources and constraints, whether they are financial, capital, human, political, social, or community-related, enable or limit your agency’s capacity to implement its programs. What resources does your agency have at hand? These resources can come from the agency itself, its collaborators or the community. Is it possible for one of your organization’s strengths to be translated into a quantifiable resource for your program? Over what period of time are these resources required? How permanent or sustainable are these resources?

TYPES OF RESOURCES	COMMENTS
Financial	<ul style="list-style-type: none"> • Sources may be private, from corporate and community foundations, private donations, or from RFP’s issued by public entities such as the CDC & OMH, or fundraising. • Diverse pool of funding sources should be maintained to decrease dependence on a single source.
Human	<ul style="list-style-type: none"> • Staff, volunteers, board members and anyone else willing to give or receive services from your agency. • From manpower to program feedback, every person is valuable.
Capital	<ul style="list-style-type: none"> • Facilities, equipment or supplies required to make a program operational. • Space and storage of info. should ensure confidentiality & security.

Political	<ul style="list-style-type: none"> • Policy decision-makers, advocates, lobbyists, campaigners, commissioners, supervisors, mayors, senators. • These individuals can help give voice to or facilitate the existence of your program.
Social	<ul style="list-style-type: none"> • Media, internet, public opinions, events, subcultures or ties that bind two or more people together metaphorically. • These can be used to promote and communicate ideas, information and attitudes.
Community	<ul style="list-style-type: none"> • Include other agencies that do similar or complementary activities, like health centers, referral centers, social service organizations. • Choose agencies that have established trust in their communities. • Find ways to make it mutually beneficial for partners to share any of the above-mentioned resources with your agency.

Take Inventory. Use the grid below to list the specific resources your proposed program needs, how much it needs, and how much is currently available. The difference between what you have and what you need will be a resource constraint. Your agency must decide if it can ramp up the program and procure those resources later, pare down the program or eliminate the program, or contract the program out.

RESOURCE AVAILABILITY			
Program Resources	Amount Needed	Amount Available	Constraints

© BIBLIOGRAPHY

Academy for Educational Development's Center for Community-Based Health Strategies –Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups. August 1999 http://www.healthstrategies.org/pubs/publications/needs_assessment_all.pdf

Asian & Pacific Islander HIV Capacity Building Assistance Program. Chapter on Asians and Pacific Islanders and HIV Prevention: Technical Assistance and Training Needs, The National Regional Minority Organization Community-Based Organization Technical Assistance Needs Assessment Report. San Francisco, CA: Asian & Pacific Islander American Health Forum; 1999

Bau I. Asians and Pacific Islanders and HIV Prevention Community Planning. *AIDS Educ and Prev.* 1998; 10 (Suppl A): 77-93.

Carter McNamara – Free Management Library - "Strategic Planning (for nonprofit or for-profit organizations)" http://www.managementhelp.org/org_perf/capacity.htm

Centers for Disease Control and Prevention, Divisions of HIV/AIDS Prevention The C-RSP Project: Characteristics of Reputationally Strong Programs <http://www.cdc.gov/hiv/projects/rep/crspproj.htm>

Loue S, Lloyd L, Loh L. HIV prevention in U.S. Asian Pacific Islander communities: an innovative approach. *J Health Care Poor Underserved.* 1996 Nov; 7(4):364-76

UNAIDS Technical Update – Cost-effectiveness Analysis and HIV/AIDS, 1/08/98

Yep GA. HIV/AIDS education and prevention for Asian and Pacific Islander communities: Toward the development of general guidelines. *AIDS Educ Prev.* 1994; 6 (2):184-186

© RECOMMENDED RESOURCES

Berry DE, McKinney MM, Marconi KM. A typological approach to the study of rural HIV service delivery networks. *J Rural Health.* 1997 Summer;13(3):216-25.

Goldstein E, Wrubel J, Faigeles B, DeCarlo P. Sources of information for HIV prevention program managers: a national survey. *AIDS Educ Prev.* 1998 Feb;10(1):63-74.

Jemmott LS, Brown EJ, Dodds S. Building community partnerships to improve HIV prevention efforts: implications for nurses. *J Assoc Nurses AIDS Care.* 1998 May-Jun;9(3):29-40. Review.

Kaiser Family Foundation, Syringe Exchange and AB 136: The Dynamics of Local Consideration in Six California Communities, (February 2002), Pub. #6018 <http://www.kff.org/hivaids/6018-index.cfm>

Klein SJ, Karchner WD, O'Connell DA. Interventions to prevent HIV-related stigma and discrimination: findings and recommendations for public health practice. *J Public Health Manag Pract.* 2002 Nov;8(6):44-53

Loue S, Lloyd LS, Phoombour E. Organizing Asian Pacific Islanders in an urban commu-

nity to reduce HIV risk: a case study. AIDS Educ Prev. 1996 Oct;8(5):381-93.

The Measurement Group LLC, Results from HRSA/HAB's SPNS Innovative Models of HIV/
AIDS Care 1994 – 2001 <http://www.themeasurementgroup.com/edc.htm>

